

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/573863

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		1		
5		0		1		
6		0		1		
7		0		1		
8		0		1		
9		0		1		
10		0		1		
11		0		1		
12		0		1		
13		0		1		
14		0		1		
15		0		1		
16		0		1		
17		0		1		
18		0		1		
19		0		1		
20		0		1		
21		0		1		
22		0		1		
23		0		1		
24		0		1		
25		0		1		
26		0		1		
27		0		1		
28		0		1		
29		0		1		
30		0		1		
31		0		1		
32		0		2		
33		0		1		
34		0		1		
35		0		1		
36		0		1		
37		0		1		
38		0		1		
39		0		1		
40		0		3		
41		0		2		
42		0		3		
43		0		2		
44		0		3		
45		0		2		
46		0		2		
47	1		1			
48		1		1		
49	1		1			
50	1		1			
TOTAL IND.	5					
TOTAL DEP.	67					
TOTAL CLAIMS	72					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		0		1		
52		0		3		
53		0		2		
54		0		3		
55		0		2		
56		0		3		
57		0		3		
58		0		1		
59		0		1		
60		0		1		
61		0		1		
62		0		1		
63		0		1		
64		0		1		
65		0		1		
66		0		1		
67	1		1			
68		1		1		
69		2		1		
70						
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93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.					5	
TOTAL DEP.					99	
TOTAL CLAIMS	72				94	